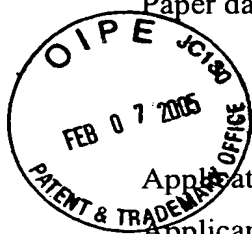


Application No. 10/669,771
Paper dated February 4, 2005



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No. : 10/669,771
Applicant : E. Stuart SAVAGE
Filing Date : September 24, 2003
Title: : **PROCESS FOR DIRECT FILTRATION OF
WASTEWATER**
Publication No. : 2004/0060862 A1
Group Art Unit : 1724
Examiner : Ivars C. Cintins

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

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TC 1700

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TC 1700

THIRD-PARTY SUBMISSION
IN PUBLISHED APPLICATION UNDER 37 C.F.R. §1.99

Sir:

Pursuant to the requirements of 37 C.F.R. §1.99, this submission includes the references cited on Form PTO/SB/08A herein.

This submission is for U.S. Patent Application No. 10/669,771, published on April 1, 2004, having a filing date of September 24, 2003. A copy of the reference listed on Form PTO/SB/08A is enclosed herein.

This submission is filed after two months from the date of publication of the application because the references could not have been submitted to the U.S. Patent and Trademark Office earlier.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on February 4, 2005.

Pauline J. Moyles
(name of person depositing papers or fees)

Signature

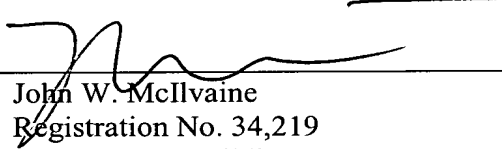
02/04/2005
Date

Pursuant to 37 C.F.R. §1.99(b)(1) submitted herewith is the fee set forth in 37 C.F.R. §1.17(p) in the amount of \$180.00. Additionally, submitted herewith is the fee set forth in 37 C.F.R. §1.17(i) in the amount of \$130.00 as this Submission is being submitted after two months from the date of publication of the application. A copy of this Submission has been served on the agent of the applicants, Jo Katherine D'Ambrosio, by Express Mail to the address listed on the published application on February 4, 2005. An original and two copies are enclosed. The Examiner is requested to consider the material art submitted herewith.

Respectfully submitted,

WEBB ZIESENHEIM LOGSDON
ORKIN & HANSON P.C.

By



John W. McIlvaine
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700 Koppers Building
436 Seventh Avenue
Pittsburgh, PA 15219-1818
Telephone: (412) 471-8815
Facsimile (412) 471-4094
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INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(use as many sheets as necessary)

Sheet

1

of

2

Complete if Known

Application Number	10/669,771
Filing Date	September 24, 2003
First Named Inventor	E. Stuart SAVAGE
Group Art Unit	1724
Examiner Name	Ivars C. Cintins
Attorney Docket Number	1473-045379

U.S. PATENT DOCUMENTS

[illegible]

FOREIGN PATENT DOCUMENTS

[illegible]

Examiner Signature		Date Considered	
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*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

¹Unique citation designation number. ²See attached Kinds of U.S. Patent Documents. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

Burden Hour Statement: This form is estimated to take 2.0 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Alexandria, VA 22313-1450. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:** Commissioner for Patents, P.O.Box 1450, Alexandria, VA 22313-1450.

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Substitute for form 1449A/PTO					
INFORMATION DISCLOSURE STATEMENT BY APPLICANT (use as many sheets as necessary)				Complete if Known	
				Application Number	10/669,771
				Filing Date	September 24, 2003
				First Named Inventor	E. Stuart SAVAGE
				Group Art Unit	1724
				Examiner Name	Ivars C. Cintins
Sheet	2	Of	2	Attorney Docket Number	1473-045379

[illegible]

Examiner Signature		Date Considered	
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¹Unique citation designation number. ²See attached Kinds of U.S. Patent Documents. ³Enter Office that issued the document, by the two-letter code (WIPO Standard ST.3). ⁴For Japanese patent documents, the indication of the year of the reign of the Emperor must precede the serial number of the patent document. ⁵Kind of document by the appropriate symbols as indicated on the document under WIPO Standard ST. 16 if possible. ⁶Applicant is to place a check mark here if English language Translation is attached.

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 2780)

FEE TRANSMITTAL

For FY 2005

Patent & Trademark Office
FEB 07 2005

<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Complete if Known	
TOTAL AMOUNT OF PAYMENT (\$)		Application Number	10/669,771
		Filing Date	September 24, 2003
		First Named Inventor	E. Stuart SAVAGE
		Examiner Name	Ivars C. Cintins
		Art Unit	1724
		Attorney Docket No.	1473-045379

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METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):
- ☒ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:

APR 05 2005

TC 1700

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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- ☒ Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17 ☒ Credit any overpayment

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100	
Multiple dependent claims	360	180	

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				
HP = highest number of total claims paid for, if greater than 20						

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	
HP = highest number of independent claims paid for, if greater than 3			

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

4. OTHER FEE(S)

	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: Submission of Information Disclosure Statement (\$180.00)	\$180.00
Fee Code 1808 (\$130.00)	\$130.00
	\$310.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	34,219	Telephone	412-471-8815
Name (Print/Type)	John W. McIlvaine	Date	February 4, 2005		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-171)

FEE TRANSMITTAL

For FY 2005

FEB 07 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)		Complete if Known	
		Application Number	10/669,771
		Filing Date	September 24, 2003
		First Named Inventor	E. Stuart SAVAGE
		Examiner Name	Ivars C. Cintins
		Art Unit	1724
		Attorney Docket No.	1473-045379

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METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: TC 1700

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☒ Charge any additional fee(s) or underpayments of fee(s) Under 37 CFR 1.16 and 1.17☒ Credit any overpayments

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

	Small Entity	Fee (\$)	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25	
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Multiple dependent claims	360	180	

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**

_____ - 20 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

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Total Sheets **Extra Sheets** **Number of each additional 50 or fraction thereof** **Fee (\$)** **Fee Paid (\$)**

_____ - 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Submission of Information Disclosure Statement (\$180.00)

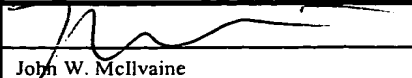
\$180.00

Fee Code 1808 (\$130.00)

\$130.00

\$310.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	34,219	Telephone	412-471-8815
Name (Print/Type)	John W. McIlvaine	Date	February 4, 2005		

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L. 109-171)		Complete if Known	
FEE TRANSMITTAL For FY 2005		Application Number	10/669,771
		Filing Date	September 24, 2003
		First Named Inventor	E. Stuart SAVAGE
		Examiner Name	Ivars C. Cintins
		Art Unit	1724
		Attorney Docket No.	1473-045379
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$)			

METHOD OF PAYMENT (check all that apply)

☒ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____
☒ Deposit Account
 Deposit Account Number: 23-0650
 Deposit Account Name: TC 1700

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3. APPLICATION SIZE FEE

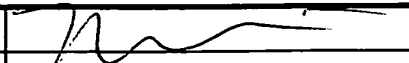
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	Fee Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)	
Other: Submission of Information Disclosure Statement (\$180.00)	\$180.00
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